

GOVERNMENT  
EXHIBIT  
**904**  
4:18-CR-368



# Business Signature Card

ACCOUNT TITLE ("DEPOSITOR")

OMNI-ONE-MED PHARMACY SERVICES, LLC

BUSINESS ADDRESS

4916 MAIN ST STE 100

HOUSTON, TX 77002

ACCOUNT NUMBER 0165

ACCOUNT TYPE Chase Platinum Business Checking

TAXPAYER ID NUMBER 45-5238832

DATE OPENED 06/04/2014

FORM OF BUSINESS Limited Liability Company - Manager Managed (LLC)

ISSUED BY JPMorgan Chase Bank, N.A. (201)

Tower Houston - 590

JORDAN VACLAVIK

(713) 223-1821

06/04/2014

PRIMARY ID TYPE

Website Documentation

PRIMARY ID NUMBER

[REDACTED]

ISSUER

TX

ISSUANCE DATE

05/09/2012

EXPIRATION DATE

[REDACTED]

SECONDARY ID TYPE

None

SECONDARY ID NUMBER

[REDACTED]

ISSUER

[REDACTED]

ISSUANCE DATE

[REDACTED]

EXPIRATION DATE

[REDACTED]

**ACKNOWLEDGEMENT** - By signing this Signature Card, the Depositor applies to open a deposit account at JPMorgan Chase Bank, N.A. (the "Bank"). The Depositor represents and warrants that (i) the signatures appearing below are genuine or facsimile signatures of the person(s) authorized to transact business and (ii) all necessary actions or formalities, where necessary, have been taken to authorize the named person(s) to so act. The Bank is entitled to rely on the authority of the named person(s) until written revocation of such authority is received by the Bank. The Depositor certifies that the information provided to the Bank is true to the best of its knowledge and authorizes the Bank, at its discretion, to obtain credit reports on the Depositor. The Depositor acknowledges receipt of the Bank's Deposit Account Agreement or other applicable account agreement, which include all provisions that apply to this deposit account, and other agreements and service terms for account analysis and other treasury management services if applicable, and agree to be bound by the terms and conditions contained therein as amended from time to time.

\*\* When you give us your mobile phone number, we have your permission to contact you at that number about all your Chase or J.P. Morgan accounts. Your consent allows us to use text messaging, artificial or prerecorded voice messages and automatic dialing technology for informational and account service calls, but not for telemarketing or sales calls. It may include contact from companies working on our behalf to service your accounts. Message and data rates may apply. You may contact us anytime to change these preferences.

PRINTED NAME

1) SCOTT A BREMEISTER

\*\*TELEPHONE NUMBER

[REDACTED]

TAXPAYER ID #

[REDACTED]

TITLE

Manager

DATE

6/4/14

SIGNATURE

[Signature]

2) DEJAN MILOSEVIC

[REDACTED]

[REDACTED]

Signer

6/4/14

[Signature]

3)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

4)

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]

[REDACTED]



## BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS OMNI-ONE-MED PHARMACY SERVICES, LLC			
TAXPAYER ID NO. 45-5238832			

BUSINESS ADDRESS 4916 MAIN ST STE 100, HOUSTON, TX 77002-9765  
 BRANCH NAME AND NO. CREDIT-TX-SOUTH - 287  
 INTEROFFICE MAILCODE TX2-6116  
 PREPARED BY NAME EDWARD MIXON  
 BANK NO. 201  
 BRANCH PHONE NO. (713) 868-6771  
 DATE: 10/08/2014

Please add the following signer to the accounts listed below (other authorized signers on record do not change)

Name of the Signer to Add LEONARD L CARR JR  
 Title SIGNER  
 Signature *Leonard Carr*  
 Date 10/8/2014

Identification 1) Driver's License  
 2) None  
 ID Number [REDACTED]  
 Issuer TX  
 Issuance Date 06/20/2012  
 Expiration Date 07/09/2018

Account Numbers: 0361 0165  
 Please add the following signer to the accounts listed below (other authorized signers on record do not change)

Name of the Signer to Add  
 Title  
 Signature  
 Date

Identification ID Number Issuer Issuance Date Expiration Date

Account Numbers:

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add  
 Title  
 Signature  
 Date

Identification ID Number Issuer Issuance Date Expiration Date

Account Numbers:


## CERTIFICATION

The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

For a Corporation or Unincorporated Association or Organization: For Sole Proprietorship: For Partnership or Limited Liability Company: For Government Entity:

Secretary Date Owner/Sole Proprietor Date Partner/Member/Manager Date Certifying Official Date

*Edward Mixon* 10/8/14



## BUSINESS ACCOUNT ADD SIGNERS FORM



NAME OF BUSINESS OMNI-ONE-MED PHARMACY SERVICES, LLC		TAXPAYER ID NO. 45-5238832	
BUSINESS ADDRESS 4916 MAIN ST STE 100, HOUSTON, TX 77002-9765		BANK NO. 201	
BRANCH NAME AND NO. CREDIT-TX-SOUTH - 287		BRANCH PHONE NO. (713) 868-6771	
INTEROFFICE MAILCODE TX2-6116		PREPARED BY: NAME EDWARD MIXON	
DATE: 10/08/2014			

NAME OF the Signer to Add  
LEONARD L CARR JR

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Identification	Title	Signature	Issuance Date	Expiration Date
1) Driver's License	SIGNER		06/20/2012	10/8/2014
2) None				

Account Numbers: 0361 0165

Please add the following signer to the accounts listed below (other authorized signers on record do not change):

Name of the Signer to Add	Title	Signature	Date

Identification	ID Number	Issuer	Issuance Date	Expiration Date

Account Numbers:	ID Number	Signature	Date

Name of the Signer to Add	Title	Signature	Date

Identification	ID Number	Issuer	Issuance Date	Expiration Date

Account Numbers:	ID Number	Signature	Date

**CERTIFICATION**  
The undersigned hereby certifies that the person(s) added as authorized signers on the account(s) indicated above have been added in accordance with resolutions or other documents of the Business regarding signing authority for bank accounts. The undersigned further certifies that for those added as authorized signers, the names, titles and signatures are correct.

Secretary	Date	Owner/Sole Proprietor	Date	Partner/Member/Manager	Date	For Government Entity:	Certifying Official	Date
					10/8/14			